

J1130 U.S. PTO
11/26/01
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.
9742.011.0011000 U.S. PTO
11/26/01
1109/692408First Inventor or Application Identifier
Michael K. GERAGHTYTitle
DYNAMIC RATEMAKING FOR INSURANCE**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Commissioner for Patents
Box Patent Application
Washington, DC 20231

1.	<input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS		
6.	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
2.	<input checked="" type="checkbox"/> Specification	Total Pages	49	7. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee)
3.	<input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	9	8. <input type="checkbox"/> English Translation Document (if applicable)
4.	<input checked="" type="checkbox"/> Oath or Declaration	Total Pages	2	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449
a.	<input checked="" type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Copies of IDS Citations	
b.	<input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 15 completed)	11. <input checked="" type="checkbox"/> White Advance Serial No. Postcard		
i.	<input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Small Entity Status	<input type="checkbox"/> Statement filed in prior application. Status still proper and desired.	
13.	<input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
14.	<input type="checkbox"/> Other:			
15.	If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:	
Prior application information:		Examiner:	Group Art Unit:	

16. Amend the specification by inserting before the first line the sentence:

 This application is a Continuation Division Continuation-in-part (CIP)

of application Serial No. Filed on

 This application claims priority of provisional application Serial No. 60/253,108 Filed: November 27, 2000**17. CORRESPONDENCE ADDRESS**

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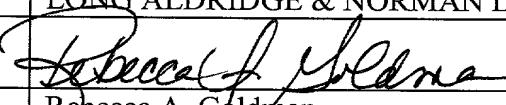
Name:	Rebecca A. Goldman	Registration No.:	41,786
Signature:			Date: November 26, 2001
Name:			Registration No.:

Docket No.	9742.011.00
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE	
INVENTOR(S)	Michael Kevin GERAGHTY
SERIAL NO:	To Be Assigned
FILING DATE:	November 26, 2001
FOR:	DYNAMIC RATEMAKING FOR INSURANCE

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	19 - 20 =	0	x \$18=	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84=	\$84.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)		+ \$280=		\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION		+ \$130=		\$0.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$824.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE		+ \$130=		\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT		+ \$40=		\$40.00
TOTAL				\$864.00
<input type="checkbox"/> Please charge Deposit Account No. <u>50-0911</u> in the amount of			A duplicate copy of this sheet is enclosed.	
<input checked="" type="checkbox"/> Checks totalling <u>\$864.00</u> to cover the filing and surcharge fees are enclosed.				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. <u>50-0911</u> . A duplicate copy of this sheet is enclosed.				

			Respectfully Submitted,	
			LONG ALDRIDGE & NORMAN LLP	
Date:	November 26, 2001		 Rebecca A. Goldman	
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